

PI8000592532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600320839946

11/13/18--01003--013 ++87.50

RECEIVED  
CLERK OF STATE  
18 NOV 13 PM 12:00

FILED  
2018 NOV 14 AM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JOHN R. MEQUAG will not reinstate TELE SURGEONS INC.  
Document number PI7000098648

And will file a new filing with the same name.

FILED  
2018 NOV 14 AM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: TILE SURGEONS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: JOHN RANDOLPH McQUAIG  
Name (Printed or typed)

3702 HOUSTON RD.  
Address

TALL. FL. 32304  
City, State & Zip

(850) 321-1336  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TILE SURGEONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3702 Houston Rd  
TALL. FL. 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSTALLATION OF TILE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN R. MEDMAG (PRESIDENT) Name and Title: \_\_\_\_\_

Address: 3702 Houston Rd. Address: \_\_\_\_\_  
TALL. FL. 32304

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2018 NOV 14 AM 2:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

JOHN. R. McQUAIG

Address:

3702 HOUSTON RD.  
TAM. FL. 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

JOHN R. McQUAIG

Address:

3702 HOUSTON RD  
TAM. FL. 32304

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

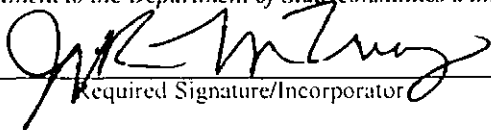


Required Signature/Registered Agent

NOV. 13, 2018

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

NOV. 13, 2018

Date

FILED  
2018 NOV 14 AM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA